

TOWN OF AMHERST
INSPECTION SERVICES
4 BOLTWOOD AVENUE 01002
(413) 256-4030, Fax (413) 256-4076

APPLICATION TO CONSTRUCT, REPAIR OR RENOVATE A SHED, SIGN OR FENCE

SECTION 1 - SITE INFORMATION					
1.1 Property Address: _____			1.2 Assessors Map & Parcel Number: <div style="display: flex; justify-content: space-between;"> Map # _____ Parcel # _____ Plan lot # _____ </div>		
1.5 Setbacks (ft) for Sheds, Fences and Free standing signs					
FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
/		/			
SECTION 2 - ZONING/PLANNING					
2.1 Zoning District _____			2.2 Zoning permit Not Required [<input type="checkbox"/>] Required [<input type="checkbox"/>] ZBA # _____		
2.3 Design Review Board Permit: Not Required [<input type="checkbox"/>] Required [<input type="checkbox"/>] DRB # _____					
SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)					
3.1 Shed	Front Yard [<input type="checkbox"/>] Side/ Rear yard [<input type="checkbox"/>] Peak height from grade _____ Dimensions: _____ ft (wide) x _____ ft (long)				
3.2 Fence	Front yard: Height _____ Style _____ Side & Rear Yards: Height _____ Style _____				
3.3 Signs	Wording on Sign _____				
(1) Temporary Sign(s)	Attached to Building [<input type="checkbox"/>] Free Standing [<input type="checkbox"/>] Other(specify) _____ Date _____ From _____ To _____				
(2) Permanent Sign(s)	Free Standing [<input type="checkbox"/>] Height from grade _____ Dimensions: _____ ft x _____ ft				
	Attached to Building [<input type="checkbox"/>] Dimensions: _____ ft x _____ ft				
	Attached to Building [<input type="checkbox"/>] Dimensions _____ ft x _____ ft				
	Attached to Building [<input type="checkbox"/>] Dimensions _____ ft x _____ ft				
SECTION 4 - COSTS & FEES					
4.1 ESTIMATED COST		4.2 FEES FOR SIGNS, FENCES & SHEDS			
ITEM	EST. COST	DESCRIPTION	FEE EACH ITEM	# of ITEMS	FEE SUB-TOTAL
1. Fence		a. Fence	25.00	X _____	
2. Sign(s)		b. Sign	25.00	X _____	
3. Shed(s)		c. Shed	(____sf-100) x.25 + 30.00	\$30.00 min	
Total Est. 4.1 (1+2+3) :			TOTAL FEE 4.2 (a+b+c) :		
RECEIPT #:			CHECK #:		

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))

I, _____ do hereby certify that:

[] I am an employer providing the following workers' compensation coverage for my employees _____
(policy#/insurance company)

[] I am not required to have workers' compensation insurance under M.G.L. c. 152, Sec. 25(c)(6).

SECTION 5a - PROPERTY OWNERSHIP

Owner of Record: _____ () _____
Name (Please Print) Telephone

Current Address (Please Print) Town State Zip Code

SECTION 5b - AUTHORIZED AGENT - To be completed when installer is not acting as owner's agent

Authorized Agent: _____
Name (Please Print) Signature

_____ () _____
Title (Please Print) Telephone

Current Address (Please Print) Town State Zip Code

SECTION 6 - CONTRACTOR OR INSTALLATION SERVICES**6 CONTRACTOR OR INSTALLER:**

Name (Please Print)

Company Name (Please Print)

Address (Please Print)

Signature () _____
Telephone

Not Required []

License Number

Expiration Date

SECTION 7a - OWNER AUTHORIZATION - To Be Completed When Owners' Agent, Contractor or Installer Applies For Building Permit

I, _____, as Owner of the subject Property hereby
(Please Print Contractor's Name)
authorize _____ to act on my behalf, in all matters
(Please Print)
relative to work authorized by this building permit application.

Signature of Owner Date

SECTION 7b - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)

I, _____, as **Installer/Owner/Authorized Agent**
(Please Print) (Circle One)
hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Signature of Installer/Owner/Agent Date